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stamp of NCU CM teaching unit



**NICOLAUS COPERNICUS
UNIVERSITY
IN TORUŃ**

Faculty of Health Sciences
Collegium Medicum in Bydgoszcz

.....
stamp of work placement institution

WORK PLACEMENT SUPERVISOR SELECTION SHEET

PHYSIOTHERAPY PROGRAMME

SUBJECT/SCOPE OF WORK PLACEMENT:

YEAR OF STUDY:

Full name of Supervisor:

Function:

Phone number and e-mail address:

Number of licence to practice the profession:

Name of the facility:

Evaluation criterion		Scoring	Notes
<u>Basic qualifications</u>			
Education	Specialty Master's degree	<input type="checkbox"/> 2	
	Master's degree	<input type="checkbox"/> 1	
Physiotherapy practice	More than 10 years	<input type="checkbox"/> 2	
	5-10 years	<input type="checkbox"/> 1	
<u>Additional qualifications</u>			
Teaching qualifications	Full teaching qualifications	<input type="checkbox"/> 2	
	Pedagogical training	<input type="checkbox"/> 1	
Experience in mentoring students	More than 5 years	<input type="checkbox"/> 2	
	1-5 years	<input type="checkbox"/> 1	
	None	<input type="checkbox"/> 0	
Specialty / courses / other forms of professional skills upgrade	Courses/apprenticeships	<input type="checkbox"/> 1	
Specialty other than physiotherapy	Name	<input type="checkbox"/> 1	
Total no. of points awarded			

.....
(place, date)

.....
(stamp and signature of Supervisor)

DECISION ON THE SELECTION OF WORK PLACEMENT SUPERVISOR

I approve* / do not approve* the Supervisor to conduct the work placement.

.....
(place, date)

.....
(stamp and signature of CM work placement Coordinator)

Justification:

Minimal number of points required to become the work placement Supervisor – 2 points

The higher the number of points, the higher the qualifications to become the work placement Supervisor

**cross out as appropriate*